

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14938**

FILED APR 27 1953

BIRTH NO.		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>58</u>	
1. PLACE OF DEATH a. COUNTY <u>Livingston</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u> c. LENGTH OF STAY (In this place) <u>16 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lincoln rural</u> d. STREET ADDRESS (If rural, give location) <u>0130</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Ellsworth</u> c. (Last) <u>Sackman</u>		4. DATE OF DEATH (Month) <u>4</u> (Day) <u>18</u> (Year) <u>1953</u>		5. SEX <u>male</u> 6. COLOR OR RACE <u>white</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>11-8-1866</u>	
9. AGE (In years, Months, Days) <u>86</u> 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mirabile, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George F. Sackman</u> 13b. MOTHER'S MAIDEN NAME <u>Nancy J. Myers</u> 14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u> 16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fannie Wonsettler, Cowgill, Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>4281</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Arteriosclerotic gangrene</u>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>Apr 6, 1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>Amputation of thigh for gangrene</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>m.</u> 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Apr 2</u> , 1953, to <u>Apr 18</u> , 1953, that I last saw the deceased alive on <u>Apr 19</u> , 1953 and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>Wm. D. Dorell, M.D.</u> (Degree or title) 23b. ADDRESS <u>Chillicothe Mo</u> 23c. DATE SIGNED <u>4-21-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-20-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cowgill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cowgill, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4/21/53</u>		REGISTRAR'S SIGNATURE <u>Frances B. Nail</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cramer Clark, Kingston, Missouri</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.